FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22053

Registration District No. 2 — Primary Registration District No. 3013 — Registrar's No. 251

1. PLACE OF DEATH:
(a) County: Andrew
(b) City or town: Rural — Lincoln (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. F. D. # 2, St. Joseph, MO. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Life (Specify whether years, months or days) In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Andrew
(c) City or town: Rural — Lincoln (If outside city or town limits, write "RURAL")
(d) Street No.: R.F.D.# 2, St. Joseph, Mo. (If rural, give location)
(e) Citizen of foreign country?: No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Minnie Julia Schrupp
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Charles
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: August (Month) 1, (Day) 1900 (Year)

8. AGE: Years 47 | Months 11 | Days 24 | If less than one day: hr. min.
9. Birthplace: St. Joseph (City, town, or county) — Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: At Home

MOTHER FATHER
12. Name: Charles Hanke
13. Birthplace: unk (City, town, or county) — Germany (State or foreign country)
14. Maiden name: Rosie Adams
15. Birthplace: Unk (City, town, or county) — Germany (State or foreign country)

16. (a) Informant: Charley Schrupp
(b) Address: R.R.#2, St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation: St. John's Cemetery, Amazonia, Mo.
18. (a) Signature of funeral director: Stamper Funeral Home
(b) Address: St. Joseph, Missouri
19. (a) 7-27-48 (Date received local registrar) (b) Lillian Spark (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1948 hour 11 minute 30 a.m.
21. I hereby certify that I attended the deceased from 10/30 A.M. July, 25, 1948, 19..., to To July 25, 48, 19...; that I last saw her alive on July, 25, 1948, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremic Poisoning, Unknown	
Due to: Pregnancy and Kidney condition.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Did not see patient until 1½ hours before death
Of autops:

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur?: (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) While at work? (e) Means of injury:

23. Signature: J. R. Elliott M.D. (M. D. or other)
Address: 801 Francis, St. Joseph Date signed: 7/26/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Missouri

AUG 17 1948

MAY 7 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Charles M. Harmon

Licensed Embalmer No. 4487

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.